



**MONTANA  
TEACHERS' RETIREMENT SYSTEM**

1500 E 6TH AVE  
PO BOX 200139  
HELENA MT 59620-0139  
406 444-3134

TRS Office Use Only

**MEMBER/RECIPIENT NAME CHANGE**

ALL REQUESTED INFORMATION MUST BE TYPED OR PRINTED LEGIBLY IN DARK INK.

The Montana Teachers' Retirement System must be advised of any change in a benefit recipient's name. Changes must be submitted in writing to the above address and must be signed by the member or benefit recipient. If anyone other than the member or benefit recipient signs this form, legal documentation giving them the authority to do so must be attached to this form.

**Member Information:**

\_\_\_\_\_  
(Member's Printed Name On Record)

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Mailing Address – Including City, State & Zip+4 Code (If unknown, use 5-digit Zip Code))

\_\_\_\_\_  
(Area Code and Telephone Number)

\_\_\_\_\_  
(Date of Birth)

**New Name:** \_\_\_\_\_

\_\_\_\_\_  
(Effective Date of Change)

\_\_\_\_\_  
(Member's Signature)

\_\_\_\_\_  
(Date)

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT OF 1992,  
ALTERNATIVE ACCESSIBLE FORMATS OF THIS DOCUMENT WILL BE PROVIDED UPON REQUEST